

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	17.8		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83707
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.5		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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03/01/2011	03/31/2011

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11			Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.6		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11		30	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	CALCTD
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2			Twice Per Year	CALCTD
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	*****			Twice Per Year	CALCTD
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.0275	.028			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.0175	.018			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.9		*****	*****	*****	*****		Twice Per Month	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11		31	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11		30	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	23.4		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11		31	Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83707

MINOR
 (SUBR 06)
 FACILITY TOTAL
 Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	23.2		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	22.2		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	22.2		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11		31	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	CALCTD
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2			Twice Per Year	CALCTD
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	*****			Twice Per Year	CALCTD
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.015	.015			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.004	.004			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.011	.011			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	21.6		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****		NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
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No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	21.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ATTN: GARY BYRNE, PROD SUPERVISOR

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DMR Mailing ZIP CODE: 83707
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FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		AREA Code		NUMBER
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83707

MINOR
 (SUBR 06)
 FACILITY TOTAL
 Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.1		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.8		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		29	Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9					
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9					
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9					
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9					
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9					
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9					
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	17.3		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.1		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		30	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	CALCTD
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2			Twice Per Year	CALCTD
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	*****			Twice Per Year	CALCTD
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.03	.03			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.02			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		31	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.3		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		30	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.3		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
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07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83707
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Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.3		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
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ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83707

MINOR
 (SUBR 06)
 FACILITY TOTAL
 Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	21.3		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		AREA Code		NUMBER
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.5		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		31	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	CALCTD
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2			Twice Per Year	CALCTD
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	*****			Twice Per Year	CALCTD
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.021	.021			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.011	.011			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.1		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83707

MINOR
 (SUBR 06)
 FACILITY TOTAL
 Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.6		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		AREA Code		NUMBER
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.1		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		31	Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.2		*****	*****	*****	*****		Four Per Year	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		28	Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83707

MINOR
 (SUBR 06)
 FACILITY TOTAL
 Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	16.2		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		31	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	16.5		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	CALCTD
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2			Twice Per Year	CALCTD
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	*****			Twice Per Year	CALCTD
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.034	.034			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.022	.022			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.012	.012			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	16.9		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	17.7		*****	*****	*****	*****		Four Per Year	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
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DMR Mailing ZIP CODE: 83707

MINOR
 (SUBR 06)
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 Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.5		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.8		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.9		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		30	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	21.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		31	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	CALCTD
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2			Twice Per Year	CALCTD
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	*****			Twice Per Year	CALCTD
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
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DMR Mailing ZIP CODE: 83707
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No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.017	.017			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.006	.006			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.011	.011			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.9		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	21.1		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.3		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.7		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9					
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.9		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1		31	Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	*****				
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.7		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1			Monthly	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2			Twice Per Year	CALCTD
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2			Twice Per Year	CALCTD
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .1	*****			Twice Per Year	CALCTD
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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IDG130030	SUM-A
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MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83707
MINOR (SUBR 06)
FACILITY TOTAL
Sum

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.024	.024			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.013	.013			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.011	.011			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	16.9		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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